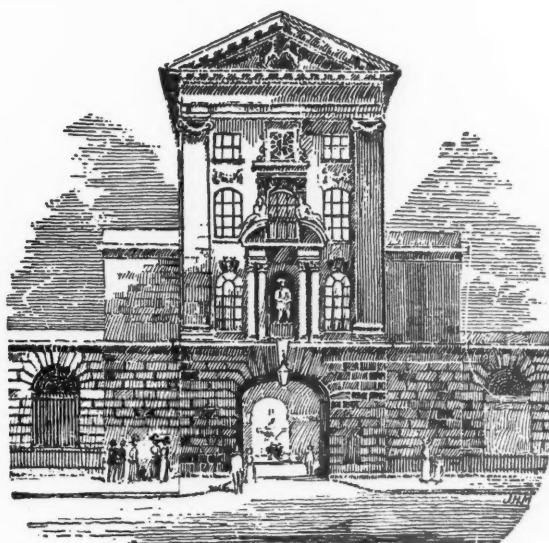


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ST BARTHOLOMEW'S HOSPITAL JOURNAL



VOL. XXXII.—No. 11.

AUGUST, 1925.

[PRICE NINEPENCE.

CONTENTS.

	PAGE		PAGE
Calendar	165	The Athletic Club	176
Editorial Notes	165	Students' Union :	
Memorial to the late Dr. Herbert Williamson	165	Cricket Club	177
Humour and the Surgeon. By Sir D'Arcy		Correspondence	177
Power, K.B.E.	166	Reviews	178
Diet from a Physiologist's Point of View.		Recent Books and Papers by St. Bar-	
By J. M. Duncan Scott	167	tholomew's Men	179
Obituary	170	Examinations, etc.	179
The General Practitioner-Specialist	171	Changes of Address	180
The Fire-Eater	172	Appointments	180
Ten Too Many Doctors!	173	Births	180
Success. By H. B.-W.	173	Marriages... ..	180
Bart.'s and the Beggar's Opera. By I. L.	174	Deaths	180
A "Dyspepsia's" Life	175	Index to Advertisements	ii

INDEX TO ADVERTISEMENTS.

	PAGE		PAGE
"Acoustique"	ii	Hall & Sons, Ltd. "Ideal" Boots and Shoes	v
Allen & Hanburys	vii	Holborn Surgical Instrument Co., Ltd.	x
Alliance Drug and Chemical Co.	iv	Horlick's Malted Milk Co.	ii
Books—		Knight, John, Ltd. Castile Soap	iii
Adlard & Son & West		Lewin & Co. Sports Outfitters	xi
Newman, Ltd. The Fundus Oculi	iii	Maw, Son & Sons, Ltd. Sphygmomanometer	xiv
Baillière, Tindall & Cox	iii	Medical Sickness, Annuity, and Life Assurance Society, Ltd.	xiii
Eccles Hernia. The Imperfectly Descended Testis	v	Milikin & Lawley Microscopes, Instruments, etc.	xi
Cadbury Bros. Bournville Cocoa	ii	Paripan, Ltd. Hemoplastin	xii
Carnegie Bros. Surgical Dressings	xii	Parke, Davis & Co. Frudential Assurance Co., Ltd.	vi
Clinical Research Department of St. Bartholomew's Hospital	vii	Ronuk	iv
Dowie & Marshall	v	Royal Waterloo Hospital	xi
Down Bros. Specialities	xiii	St. Bartholomew's Hospital	
Edme, Ltd. Malt and Cod-liver Oil	iv	Medical College Fellowship Classes; Entrance Scholarships	xiii
Evans & Witt	v	Ditto Post-Graduate Vacation Course	xiii
Fellows Pharmaceutical Specialities	xiv	Ditto D.P.H. Classes; Bacteriology, etc.	ix
Gieves, Ltd. R.N.M.S.	v	St. Bartholomew's Trained Nurses' Institution	v
		Virol	vi

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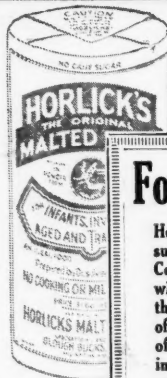
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"Æquam memento rebus in arduis
Servare mentem"
— Horace, Book ii, Ode iii.

JOURNAL.

VOL. XXXII.—No. 11.]

AUGUST 1ST, 1925.

PRICE NINEPENCE.

CALENDAR.

Mon., August	3.—August Bank Holiday.
Tues., "	4.—Sir Thomas Horder and Mr. Rawling on duty.
Fri., "	7.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Tues., "	11.—Prof. Fraser and Prof. Gask on duty.
Fri., "	14.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Tues., "	18.—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.
Fri., "	21.—Sir Thomas Horder and Mr. Rawling on duty. Last day for receiving matter for September issue of the Journal.
Tues., "	25.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Fri., "	28.—Prof. Fraser and Prof. Gask on duty.

EDITORIAL.

E had firmly made up our mind that the Editorial should contain no reference to August as a "wounded snake," that we would not limply wish our readers a happy holiday, nor tell sad stories about the death of summers. But perusal of Sir John Bland-Sutton's lecture before the American delegates stimulates us to request one who has the pen of a ready writer to produce an article entitled "The Psychology of Students Melted Alive."

* * *

The annals of Hospital cricket can hardly show a more exciting finish than that of the Bart.'s *v.* Guy's match. An account of this dramatic game will be found elsewhere in this issue. We offer our hearty congratulations to the team.

* * *

It is with great pleasure that we offer our congratulations to Sir Thomas Horder upon his most recent honour of being invested a Knight Commander of the Victorian Order.

In our last number we were boasting of recent examination successes. The Hospital sweeps on with triumphant tread. W. E. Lloyd has been awarded the University Gold Medal in the London M.D. examination and J. P. Hosford the Gold Medal in the London M.S. We have thus been awarded this summer the University's gold medals in the M.B., the M.D. and the M.S., a record of which our Hospital and College have every reason to be proud.

* * *

We also wish to congratulate another Bart.'s M.S. gold medallist, Mr. Musgrave Woodman, on being awarded the special Certificate for the Jacksonian Essay on "The Pathology, Diagnosis and Treatment of Œsophageal Obstruction."

* * *

By an unfortunate oversight the article in last month's issue on the treatment of lupus vulgaris by Lundie's tuberculin was unsigned. The author was Mr. R. W. Taylor, to whom we offer our apologies for this error.

MEMORIAL TO THE LATE DR. HERBERT WILLIAMSON.

IT is proposed, with the approval of the Medical Council, that a memorial to the late Dr. Williamson be established at St. Bartholomew's Hospital. The form which the memorial shall take must depend upon the sum subscribed, but it is hoped that at least a sufficient amount may be secured to endow a bed in the Department in which he worked. Subscriptions from Dr. Williamson's former colleagues, students and friends should be sent to Dr. Barris, 50, Welbeck Street, London, W. 1.

HUMOUR AND THE SURGEON.

By Sir D'ARCY POWER, K.B.E.

THERE seems to be great doubt whether the surgeon had much sense of humour. In early days he led a strenuous life, apt to be killed by the surviving relatives if his patient died, often dealing with bad payers, so that "*Accipe dum dolet*" became an axiom with him; usually at the beck and call of a physician and cleric, his life was not a happy one.

Henri de Mondeville, who wrote his book on surgery between 1306 and 1320, was an exception to the rule. Speaking of the difference between an honest surgeon and one who is less conscientious, he says: "One of these second-rate surgeons will come to a sick man who is wealthy and will say to him, with the voice of an archangel—taking care that no witnesses are present—'Seigneur, you must remember that you are the one in pain. It is not your son or your nephew. It is you who are kept awake whilst your friends and servants sleep. Others won't take care of you if you don't take care of yourself. You are rich enough to get advice and to buy health. Have you not made the greater part of your money yourself, so that if you are not a miser you can spend it on yourself. Would to God that those who look after you so badly had your complaint. But this is between ourselves, and what I tell you is only out of pity for you and for your own good.' Then in the absence of the patient he speaks to the relatives and says, 'Seigneurs, this man has the greatest confidence in you, and truly, if you lose him you will lose an excellent friend. It is not to your credit either to let him go without advice, for if he died without advice you would be blamed everlastingly even if it made him as poor as Job. He is really in great danger and it is a serious case, but Nature sometimes does better than we have any right to expect. He is sure to die if no one treats him, but if he is properly treated it is just possible that he will escape and not die. If he dies it won't be the result of the treatment because he is nearly dead already; his only chance is to have a consultation, etc. I am speaking to you as a friend and not as a doctor.'

"But it is quite another matter when this same surgeon has to treat a poor man, for he says, 'I am really sorry for you and I would gladly help you for the love of God only. But I am very busy just now with a lot of difficult cases, and besides the season is not very favourable for an operation. You can't afford to buy what is necessary for your case, such as drugs and dressings, so I would put it off until the summer if I

were you. You will then be able to get the herbs and whatever else is wanted and so save expense. The summer, too, is the best time for the poor.' When the same pauper comes back in the summer the surgeon says to him, 'I am very sorry that I put you off in the winter and told you to wait until the summer, because winter is really the best time. Summer is too hot and there is a fear of stirring up the disease. I should advise you to wait until the hot weather is over.' And this goes on everlastingly, for this kind of surgeon never finds time to operate upon a pauper."

De Mondeville classifies his own patients according to their ability to pay fees. The first class, he says, are poor men who must be treated for nothing; the second class is a little better off, and they pay in kind, for they send presents of fowls and ducks. The third class are friends and relations, who pay no fixed fee. They send victuals or presents out of gratitude, but no money. Our assistants ought to suggest to them, saying behind our backs and as if we knew nothing about it when anything is said about money, "No, indeed, the Master would not like it, and you would do much better to make him a little present though I am sure he does not expect anything." Indeed a sharp assistant sometimes makes more by such suggestions than the Master does by his operation. It is just like doubling the fee on account of the horse when the Master makes his visits on horseback. Then there is a class who are notoriously bad payers, such as our nobility and their households, government officials, judges and others whom we are obliged to treat because we dare not offend them. In fact the longer we treat them the more we lose, so it is best to cure them as quickly as possible and to give them the best medicines. De Mondeville also thinks that it is better on the whole for the surgeon to be paid for what he does rather than by a retaining fee, because a salary is apt to make him so hopeful that he will think the blind can certainly see and the lame can walk or even run. The surgeon, too, must beware of those who will make infamous proposals to him because from time immemorial it has been an article of faith with the common people that every surgeon is a thief, a murderer or a swindler. The chief object of the patient is to get cured, and when once he is cured he forgets his obligation and omits to pay. The object of the surgeon, on the other hand, is to obtain money, and he should therefore never be satisfied with a promise or even a pledge, but should take the fee in advance or have a bond for it. As the poet says: "*Sæpe fides data fallit, plegius plaidit, vadium valet*"—"The promise is often broken, the security is worthless, the bond alone holds good."

It is interesting to notice how little customs and ideas have changed in the course of six hundred years.

Infamous proposals are still made to reputable surgeons, fees are not paid without recourse to law, the same classes of patients exist and the second-rate surgeon flourishes by the same arts.

Samuel Butler wrote some witty lines in *Hudibras* which have become classical, though, for some reason, plastic surgeons have not adopted them, and with a strange lack of humour even appear to be offended when they are recited in their presence. They run :

"So learned Taliacotius from
The brawny part of Porter's Bum,
Cut supplemental Noses, which
Would last as long as Parent Breech;
But when the date of Nock was out
Off dropt the Sympathetic Snout."

The reference, of course, is to Van Helmont's story that a nobleman, fearing the operation, but wanting a new nose, hired a labourer to allow the nose to be fashioned from his arm. Thirteen months afterwards the new nose suddenly became cold, and after a few days putrefied and dropped off. Inquiries were made, and it was discovered that the labourer had died at the moment when the nose went cold.

There are various stories, some where the surgeon came off second best, others where he scored. Thus, keeping at home, there is the tale of Percival Pott after the separation of the Barbers from the Surgeons. The United Company had, as the Barbers still have, the right to vote in City elections. Pott, forgetful of the separation, went to record his vote for a Sheriff as a Barber Surgeon Liveryman and was told by the Scrutineer, "No, no, Mr. Pott, you may still be a young shaver, but you haven't been a barber these five years."

Then there is the well-known story told of Abernethy, but also attributed to Dr. Barrowby (Physician to the Hospital 1750-1751), when he was calling upon the Governors to solicit their votes as a candidate for the Assistant Surgeoncy. He went into a grocer's shop on Snowhill. The grocer saw him coming and, putting on his hat and spectacles, came forward and said: "Well, young man, I suppose you want my vote and interest?" "Your vote and interest be damned," said Abernethy; "I want a pound of dips, and please to wrap them up."

Mr. Wheeler, the Surgeon-Apothecary to the Hospital, a great botanist and beloved by everyone, was noted for the abstemiousness of his life. One evening, sitting over the surgery fire, he was descanting on the virtues of a simple life and on the advantages of doing away with everything that was superfluous. Sir William Lawrence, then a student, was sitting behind the old gentleman, who wore the tailed periwig of the time. He seized the tail and said: "But, Mr. Wheeler, you don't practise what you preach; surely this is a superfluity." Mr. Wheeler was taken aback for a moment,

and then replied, "So it is, Mr. Lawrence, so it is; pray cut it off," which Lawrence did at once.

There is the standing warning to dressers and self-opiniated house-surgeons in regard to Sir James Paget. It was before the time of the First Aid classes. A man slipped and got a Pott's fracture in Piccadilly. He was taken to St. George's Hospital, where it was found that an umbrella, with a couple of pocket handkerchiefs, had been used to tie up the leg. Next day a gentleman called at the hospital, sent in his card, saw the house-surgeon on duty and inquired how the man was doing who came in yesterday with a broken leg. "Oh," said the house-surgeon, "The man whom some old fool had tied up with his umbrella?" "Yes," said Paget, "I am the old fool and I have called for my umbrella." This may be apocryphal, but the story about Sir George Humphry is literally true. He was not very careful about his dress, looked ill for the most part, and wore a shaggy beard. One evening he was resting in the Hall of the College of Surgeons, having just come up from Cambridge, when an examinee came in, took him by the beard and said, "Well, old chap, I am just going in for the examination. What's the matter with you?"

DIET FROM A PHYSIOLOGIST'S POINT OF VIEW.

By J. M. DUNCAN SCOTT.

T is the province of the physiologist to study the phenomena of life. The methods available to him are those which are common to all the physical sciences, namely, description and, in particular, measurement. A further variant of the method of description is experiment, by which we mean in the most general terms that we fix all the factors concerned in a phenomenon except one which we alter, and we observe and describe how the phenomenon varies, thus being able to deduce the inter-relationship between factor and phenomenon. The scientist aims at the device and performance of crucial experiments. A line of reasoning leads to the suspicion that a certain proposition is probably true. In order to test it this proposition, or working hypothesis as it is called at this stage, is assumed to be true. An experiment is devised which, if it be true, will give a certain result. Thus the working hypothesis stands or falls by the result, and, if it stands, it is accepted as a theory. Opinions may differ as to whether the test to which it has been

subjected is stringent enough, and whether all the conditions have been adequately fixed. Such a theory is always a coconut in a dish of sawdust—fair game for anyone who has a shy; at any time the theory may be upset, or more usually, modified. The prudent man, therefore, distinguishes carefully between facts which have been precisely observed and theory which, current at the moment, is always subject to revision in the future. Why bother about theories at all then? Theories are usually advanced as an explanation of the facts, and the mind of man always hankers after such an explanation. Physiology is, then, attempting to explain certain facts which have been common knowledge for many years, and to find out other facts.

This general introduction is necessary for comprehension of the attitude which the physiologist takes up with regard to diet (or indeed to any of his problems). Every intelligent medical student (and none of my readers is any other) thinks he knows what a physiologist will say about diet. Listen! He will start talking about the caloric value of the proximate food-stuffs:

1 grm. of protein will produce . . . 4·1 Calories.
1 grm. of fat will produce . . . 9·3 „
1 grm. of carbohydrate will produce . 4·1 „

He will then go on to state the necessary amounts of these food-substances in the diet of an average man:

Protein, 100 grm.; fat, 100 grm.; carbohydrate, 500 grm.

From that he will go on to the construction of a diet table, such as this:

—	Grm.	Percentage composition.			Total grm.		
		Protein.	Fat.	CHO.	Protein.	Fat.	CHO.
Bread .	600	6·5	—	50	39	—	300
Meat .	200	25	25	—	50	50	—
Butter .	50	—	80	—	—	40	—
Potatoes .	700	—	—	20	—	—	140
Oatmeal .	100	12·5	10	66	12·5	10	66
Total grm. . . .					101·5	100	506

Finally he will talk about the energy value of the diet being about 3000 Calories *per diem* for an average adult man.

This appears to me to be tackling the matter the wrong way round. Since we emerged from the bonds of authority and asked ourselves whether Galen was right after all, medical science has been an inductive one, leading up to theory from facts—not a deductive one, deducing notions from a preconceived theory. The

outline above has been set down because it summarizes some necessary data, and because setting it down in this way gives an opportunity of emphasizing the error of the method. Theory should not precede facts; to begin with the general statement and deduce the facts turns the science into a dead one, making everything into a dull process of memorization. The student who crams his physiology in this way loses the romance of the subject. When the physiologist of the last century first “discovered” calories, it was the average menu which he analysed to see what it contained, and what was its energy value; a general statement followed after the collation of numerous data. It enables us to enter into the spirit of those workers if we follow the process which they went through. Let us measure for ourselves, or, if we have not time or inclination for that, let us do what is sometimes more entrancing and less trouble—watch other people measure. Now what is a normal diet from the physiologist's point of view? It may be defined as one which will maintain a normal man in trim for the work (if any) he has to do. That is a definition which any sensible man could give, and a very different definition from that which the intelligent medical student thought the physiologist was going to give. We begin with the menu, analyse it, and then deduce its heat value. If he is wise the physiologist does not perform these complicated processes in front of his subject, for the average man has a horror of order and a love of mess which might make him turn from such a scrupulously analysed diet in disgust; an additional mental factor would then enter into the problem. That way lies valetudinarianism and other fads. Does the diet value vary in different cases? Why of course it does. One man's food is another man's poison. One man requires an enormous amount of stoking to keep him fit; another lives on air.

The next requisite is that the diet must be appetizing and digestible. That is common sense, but it is physiology also, for physiology largely consists in giving reasons for certain things which common sense dictates. Pawlow first put the study of appetite on a firm basis by showing the part played by “appetite juice” in normal digestion. It is to stimulate our appetite juice that we, if lucky, have a room for breakfast and one for dinner and paper them appropriately, that the table is laid with a clean cloth and polished silver, that on state occasions we have a printed menu, that we begin with *hors d'œuvres*, have currant jelly with mutton and mint sauce with lamb. Further, it is for a physiological reason, as everyone knows—the stimulation of gastric secretion by chemical substances—that we begin our meals with soup. Experiment has also demonstrated the truth of the common opinion

that some foods are more easily digested than others, and has provided a table of digestibilities to which the curious may refer. You see that we have now passed from the measuring to the experimental stage of our science.

Turn to the vitamins. Our knowledge of them has also followed the later experimental study of diet. Well, the common man will tell you that it is common sense which tells him that natural foods are better than artificial ones, or perhaps if he is of the contrary habit of thought, he may tell you that he has no instincts in the matter of food, that he has no natural inclination for fruits and lettuce, and that he is, therefore, inclined to disbelieve in vitamins. In the latter case I always suspect that he is suffering from a too thorough education in the so-called principles of diet enunciated by over-dogmatic physiologists of the calorie school. In the former case our subject has the satisfaction of knowing that we can now number and provisionally describe the vitamins, and indeed have gone a long way to discovering their chemical constitution. The evidence so far goes to show that vitamin A is a cholesterol-like substance, the conformation of whose molecule has been altered by the action of ultra-violet light, while vitamin B is possibly a nitrogenous base. Man is a creature whose instincts have been lost by domestication, and it is to be hoped that the family physician of the future will add largely to his income by instructing his *clientèle* in the principles of right living, to the mutual benefit of himself and his patients.

The question of alcohol is also to be considered. You object that we are going outside the subject. Not a bit of it—it is impossible to consider diet without facing this problem. Hunger is the best sauce—at least we are told so. Possibly in a world where there are no insidious toxins derived from septic foci, no other sauce may be needed, but in this work-a-day world, where men grow old and tired, physiologists are, on the whole, inclined to agree that there are times when Heaven-born principles must be broken, and the judicious use of a stimulant may rouse the body so that it is in a fit condition to deal with a meal.

Experiment has demonstrated that all proteins have not an equal food value, and a table of the "biological values of proteins" is likewise available for those who wish. It is particularly to be commended to vegetarians for study, for they will find that animal proteins stand enormously higher than vegetable proteins in the scale. Did I hear it whispered that the results of animal experiments are not applicable to man? Nevertheless, we can learn a great deal from them. Experiment has also demonstrated that, amongst the amino-acids of which protein is built up, a sufficient supply of certain essential

ones must be included—phenyl-alanine, tyrosin, tryptophane, histidine, cystine and arginin, while lysin is essential for growth, though not for life. Pellagra, which crowds the asylums of Egypt, has often been attributed to the lack of an essential amino-acid, and the problem assumes catastrophic proportions in that country, just as other food deficiency diseases—beriberi, scurvy and anæmia—do in others. Rickets, while partly due to an unhygienic environment, is also partly due to a vitamin deficiency.

Discussion formerly raged round the question as to what was the absolute minimal protein intake which would sustain life, and it was demonstrated that it could be fairly effectively maintained on half that which has been set down above as the average normal. I have yet to meet the rock-climber who carefully calculates the strains to which his rope may be subject, and provides himself with one which is only just sufficient to meet the calculated and, it may even be, experimentally demonstrated desiderata. The demonstration as to what is the minimum of effective protein nutrition is interesting. The minimum is not necessarily the optimum, and a further logical fallacy in suggesting that this minimal protein diet should become universal is that a general law is not proved except by advancing a multiplicity of instances. I know a man who professed himself quite comfortable while living through a blizzard in British Columbia on a handful of raisins which he happened to have in his pocket; I also know others who jibbed at being compelled to live on the more adequate diet of a biscuit and a quarter a day and a pound of beef "on the hoof."

This question as to the minimum of protein nutrition raises the large general question whether the science of physiology is entitled to lay down laws as to what men are to do in the matter of diet—laws of health in general. That it is entitled to study the conditions of health and to promulgate knowledge of them is indisputable. But if that knowledge is taught at all we must also teach what we know very well ourselves—that observations may be inaccurate and interpretation may err; we must claim no infallibility for our dogma, and persuade our public only of the fact that we ourselves have a genuine desire to progress. Thus we started to discuss the question of diet, and find ourselves unable to talk about it without embarking on the most general topics, and having to decide our attitude on certain social questions. Indeed, without these great general problems physiology would lose much of its interest.

Side by side with the minimum of protein nutrition the specific dynamic function of protein must be discussed. Briefly this means that the ingestion of protein stimulates metabolism. Consider what, but for this

action, might happen to the clerk who sat on an office stool all day and had no opportunities of taking exercise after he went home at night. His eight hours in bed are passed at basal metabolism—the metabolism of a man resting and fasting; eight hours in the office show a metabolic rate only 33 per cent. above this; he has no opportunity of bringing his metabolism up to the normal 3000 Calories by adding the 1000 Calories which the small amount of exercise involved in light work adds. His metabolism, in popular language, his vitality, is extremely low. The taking of carbohydrate or fatty food exerts a slight stimulating action on his metabolism, but protein does very much more than either in this direction. In plain words an adequate supply of protein food raises the vitality of such a man. Indeed to such an extent does it raise it that an average mixed diet, in order to maintain the resting body in equilibrium, must have a caloric value 13 to 14 per cent. higher than the sum total of the calories given off during fasting. Space precludes going further into this very large question here, nor would it be very satisfactory to do so, for it cannot yet be said that this problem is completely elucidated.

Other food constituents have a special food value of their own. Fat is of special value as a source of energy. I know an Antarctic explorer who has the valuable accomplishment of being able to eat fat by the pound. In normal life the ingestion of fat diminishes the amount of carbohydrate which must be eaten; otherwise the intestine would be overloaded by having to take in enough carbohydrate to make up the energy requirements of the body, could not digest it, and there would be an increase in intestinal putrefaction. Further, fat is digested late and therefore gives "staying power"; it is for this reason that we usually take bacon for breakfast. Porridge is, as is well known, a very filling diet (owing to its large bulk), but not one that takes a man satisfactorily through a long morning. Carbohydrate, again, is of value, as it is a very "easily digestible" food-stuff. It is of special use in the production of muscular energy. Further, owing to the fact that each molecule of fat requires for its complete combustion the linked oxidation of a molecule of glucose, it is absolutely essential that carbohydrate should be included in the diet, as otherwise ketosis would result; *i. e.* the body would be flooded with the acids which result from the incomplete oxidation of fats.

In finishing, the importance of salts may be alluded to; the fact that they are merely alluded to is not intended to diminish, but rather to emphasize their importance and the inadequacy of our knowledge about them. We know quite a lot about the importance of iron in oxidative processes. We know that an ade-

quate supply of inorganic iron salts in the diet leads to a deficiency anæmia, as has been abundantly shown by experimental studies. As regards other inorganic radicals, especially calcium, considerable work has lately been done upon them; but it cannot yet be said that our knowledge of them has crystallized in anything approaching a final shape. Much of intense interest might be said about them (it is always the disputable problems which are most interesting); but here nothing more will be done than to indicate their importance, and to suggest that probably in the future, when vitamins have been disposed of satisfactorily, the "food merchants" will turn more and more attention to the absorption, metabolism and function of the inorganic constituents of diet.

Thus we reach the end of our necessarily brief summary. Only adult diet has been touched on, for the question of infant feeding is one which well deserves an article to itself, and I understand that other articles will follow dealing with diet in disease. Indeed our knowledge of diet would only be very partial were it not for the light which is thrown on it by studies relating to disease.

OBITUARY.

HUBERT NICHOLLS, M.A., M.D.(CANTAB.), M.R.C.S.



WE regret to record the death on July 1st at Cranleigh, Longton, Staffordshire, of Dr. Hubert Nicholls.

Dr. Nicholl's career, both as a physician and as an athlete, has been a conspicuous success.

After leaving St. John's College, Cambridge, he came to Bart.'s in 1882. He was appointed Honorary Assistant Physician to the North Staffordshire Infirmary in 1891, and full Physician in 1906.

He was awarded a half blue for cycling at Cambridge, was captain of the St. Bartholomew's Hospital Soccer Club in 1884, and also captained the United Hospitals and Surrey. He also played for the Corinthians on their first tour.

We extend our sincere sympathies to his widow and two sons.

THE GENERAL PRACTITIONER-SPECIALIST.

I HAVE heard men who have tried both declare that they preferred the easy humanities of general practice to the austere and rather arid heights of Harley Street, where patients were nearly always strangers, objects of scientific and pecuniary interest only, and not amenable to friendly gossip. To other men doubtless the trivialities of the general practitioner's round would be abhorrent. However this may be, there is a great deal to be said for a life that combines some of the best features of both types of practice.

The general practitioner-specialist exists *par excelsis* in the industrial towns of the North, places with from forty to a hundred thousand inhabitants, and draining a surrounding area supporting perhaps an equal number. The one I have in mind has a well-equipped hospital of 200 beds. There are admirable operating theatres, ophthalmic, gynaecological, radiological, pathological and medico-electric special departments, all, except the ophthalmic department, staffed by general practitioner-specialists with panel practices. The surgical staff comprises five senior surgeons, four of whom are Fellows of the Edinburgh and London Colleges, and two juniors. These again all have panel practices. There are three house-surgeons, the senior man quite frequently holding a Fellowship. The clinical material is magnificent, and nothing is ever turned away. These surgeons with panel practices find time to travel. This year one has been round the principal clinics in America, and another to Berlin, Vienna and Paris. Three or four will go off together to spend a day with Moynihan or Robert Jones. The theatres are kept busy and the standard of technique is astonishing. Gastrectomies, cholecystectomies, abdomino-perineal excisions, spinal grafting occur quite frequently on the operation lists, and the mortality rates compare quite well with those of better-known clinics. The lay governors take a great pride in their institution, and no article of equipment is denied to the medical and surgical staff. The theatres contain the latest ideas in lighting, in gas and oxygen plants, electrically operated burrs and saws and a diathermy apparatus, and the theatre sister has been "pinched" from a famous clinic.

The rules of the hospital allow of the admission of two grades of paying patients—(a) tariff patients, who are admitted to the general wards and pay two pounds a week, and (b) private patients who have a room each and pay five guineas a week. Both these categories pay their surgeons a separate fee, which is a matter of arrangement. There is, besides, a staff fund into which flow

monies from education authorities for tonsil and adenoid operations and from the Ministry of Pensions, and this fund is divided up periodically. The most successful of the surgeons augments his outside practice by about £1,000 a year by the work he does in the hospital, and the juniors net perhaps £200 or £300. Appointments on the staff are naturally much sought after, and are made by the lay governors on the recommendation of the medical staff, an essential condition being residence in the area. A typical day's work for a general practitioner-surgeon of the type I have sketched begins at 9, with a surgery lasting till 10.30, during which he will see perhaps a dozen panel patients and three or four private ones. The majority of such men keep a nurse, who saves them much time over dressing, and very often a clerk-dispenser-book-keeper as well, who may be a typist and shorthand writer, very useful in keeping the panel record cards up to date. When the expenses of such a staff are shared by two or three partners they are not a heavy drain. At 10.30 he will probably go to the hospital, see his cases, perhaps operate from 11 to 12.30, and then put in an hour visiting. The panel work tends to concentrate at the surgery, the visiting being mostly to private patients. In the winter the afternoon will be spent in more visiting, and a busy evening surgery lasting three hours will finish the day. There is very little night work in the practice I am describing. Once in two or three months is about the average for night calls. The ordinary midwifery is in the hands of midwives, and there is accommodation in the hospital for difficult cases. The surgeons during their take-in weeks of course have night work—sometimes a whole night of it. In the summer the panel work falls away and there is time for golf and tennis. One splendid feature of the panel is the effect it has had of minimizing professional jealousy and in drawing the profession together.

Every practitioner in this neighbourhood, and there are about sixty in the area served by the hospital—is on the panel. Half-a-dozen of them rent a small shoot with fishing on one of the famous Derbyshire rivers.

Important patients are few and far between, and one is consequently not nearly so tied to the post as one's friends in southern practices. Incomes range rather higher, I imagine, up here too. Personality counts for more than degrees (excepting for hospital appointments). The more popular and efficient men make from two to three thousand a year gross, and the average is perhaps in the teens of hundreds. Operation fees are ridiculously small judged by London standards, but when instruments, dressings and all assistance are provided by the hospital, the fifteen or twenty guineas for a major operation is quite remunerative. The great majority of the practitioners in this neighbourhood are hardy

Scots; then come the products of provincial universities, then a handful of Londoners. There are two Cambridge men amongst the sixty, and I think only one solitary representative of Bart.'s. What are the disadvantages of practice in these industrial communities? They are all on the surface. I can imagine the southerner passing through our dingy streets with a shudder and deciding that a pittance in the pleasant towns of the South is better than wealth in such surroundings as these. It is certainly true that life is ugly in its superficial aspect here. The long wet, smoky, grimy winters produce a cumulative depression of the spirits which has to be countered by much social gaiety and frequent holidays. In the partnership I write of each partner gets a week in the spring, a week in the autumn, and three weeks in the summer. Each has also three nights a week free. Manchester, with good music and plays, is only half-an-hour away by car. In spite of these distractions I must confess that towards the end of each winter there is a tendency to be turning up New Zealand and South Africa in the *Encyclopædia*, and that one dreams of long days in the sun just as famished explorers dream of heavy plum puddings. The curious thing is that children grow up sturdy and vigorous in spite of numerous colds, and when the family moves south in the summer and comparisons can be made with southern cousins the balance seems in favour of the North. Life is very enjoyable in the summer here, and in spite of the compassion and frequent exhortations of southern friends, one stays.

OVERHEARD IN THE ACCIDENT BOX.

H.S.: Well, Daddy, what's the trouble?

Patient: Blood in the water, Sir.

H.S.: When did you see the blood, Daddy?

Patient: Yesterday, Sir.

H.S.: Ever noticed it before?

Patient: I bled a lot a month ago, Sir.

H.S.: Ever before?

Patient: Yes, Sir, about four weeks before that, and for two or three days about three months ago.

On examination an enlarged prostate was found, and the H.S. proceeded to write out a casualty form.

H.S.: What's your name, Daddy?

Patient: Menstrual, Sir.

[Collapse of H.S.]

Our well-known love of truth compels us to admit that on close questioning the name was found to be Minstral and not Menstrual, but why spoil a good story?

THE FIRE-EATER.

Plasmodium falciparum replies to *Tænia saginata*.
(Vide "The Lotus-Eater," ST. BARTHOLOMEW'S HOSPITAL JOURNAL, May, 1925.)

Laud, if you like, the Lotus life
In odes of ardent admiration,
But give to me the stress and strife
I find within the circulation;
The joy of battle as I hustle
Hard upon a doomed corpuscle.

What time you batten on the weak,
Do you never really feel you
Want to lash your tail and seek
Some more sanitary milieu?
Do you inspire poetic pens
On your confounded Connivens?

I occupy a proper host,
A most inflammatory Colonel,
Who served in India and the Coast
With language lurid and infernal.
You ought to hear how mad he gets
When I start bursting my rosettes.

And when, with lashings of quinine
He seeks my doom, it is my wont
To live *en garçon* in the spleen
(My club—The Senior Schizont).
In human hosts, at any rate,
I'm always strictly celibate.


But should the call of sex prevail,
Ignoring his cinchonic veto,
A gay gametocyte, I hail
A circumambient mosquito.
A most attractive combination
Of love's young dream and aviation.

So keep your cows and strumous brats
For decadent young lotus-browsers;
Give me my Colonel's snowy spats,
His purple face, his spongebag trousers,
The bellow of his morning hate
When I begin to sporulate.

And should I end my fighting days
A martyr in the cause of Science,
Upon a glassy bier I'll raise
My crescent banner in defiance.
Such an end will well become
A bellicose Plasmodium.

E. B.

TEN TOO MANY DOCTORS!

NE little doctor
Looks you through and through,
Can't diagnose your case;
Then there are two.

Two little doctors
Failing to agree
Call a consultation;
Then there are three.

Three little doctors
Poke you o'er and o'er,
Send for a Specialist;
Then there are four.

Four little doctors
Wonder you're alive,
Another brings the stomach pump,
Then there are five.

Five little doctors
Trying fancy tricks
Order an anæsthetic;
Then there are six.

Six little doctors
Preparing you for heaven,
Call in a D.D.;
Then there are seven.

Seven little doctors
Decide to operate,
Call in a surgeon;
Then there are eight.


Eight little doctors
Think it is your spine,
Send for a neurologist;
Then there are nine.

Nine little doctors
All of them men,
Send for Nurse Williamson;
Then there are ten.

Ten little doctors
Standing by your bed
Come to a decision:
Find you are dead.

—R. W., in *Life*.

SUCCESS.

AST experience forces me to suppose that the student entering upon any career must greedily grope after success. Especially is this so in the medical profession, where the ideals to be shattered are so many and the aggregate of brain-power is so enormous.

The very term "success" is indefinite and misleading. All boys are going to be successful—naturally every old man must have been. The man unable to define a term, but who nevertheless gives examples, possesses the subtle of discussing that of which he is entirely ignorant. This is an innate quality which examiners cannot fail to appreciate. But I would not encourage it, for it seems to pertain more really—that is on an intellectual basis—to a Dorcas discussion between two deaf ladies (infection with drum -ve bacillus).

Rockefeller, I assume, is financially successful to a moderate degree, perhaps even more so than a post-war dustman; but my admiration is totally sapped when I think that a man should possess an alimentary tract of such a dominant strain that all food appeared to have acquired a violent negative chemiotaxis for it.

King Midas in his little line was a great success. His lightest touch converting tinned haddock, peach Melba and regal birds (κυγκυβιτε) into gold must have deprived life of some of the more epicritic sensations, while taste both of the lingual and aesthetic varieties becomes hard to define.

If I cite the above gentlemen as being concrete examples, it remains my sincere wish that I should not be misunderstood. I am casting no aspersion on the hardness of their characters.

What of abstract success? Harley Street, that fading flower; the talented Whitechapel practitioner (I use "talented" in its original Greek sense) and discreet advertisement with imperfect migration into the realms of professional vulgarity.

The majority of medical students are fatalists, that is, those who have entertained sufficient modesty temporarily to prevent their names appearing on the lists of successful candidates. To them perhaps the poet appeals.

"Some are born great" (of course to the Socialist this implies a laborious if not difficult labour on somebody's part); "others become great"—the physical propensity of the profiteer; while legion are those who have had greatness thrust upon them by admiring and ever-generous medical colleagues.

Auto-suggestion, yept Couéism, will not every time

double the income or treble the patients (volume or number), but as a pastime is quite unrivalled for harmlessness. Apart from the humour of a student repeating many times every morning, "I am a great success," the possibility of his convincing himself is not altogether remote. As an evening exercise it is more euphonious and less likely to be misunderstood than "British Constitution."

Does not this recall a student whose breakfast appetite waxed and waned so curiously that every night before retiring he repeated slowly after his wife the mystic words, "Jejuno-jejunostomy." So inspiring was his success that in a few weeks his articulation was perfect, even with the higher centres depressed.

A feeling that I have discussed success so relevantly and upon such a broad basis leads me to end by quoting the famous Sir Bert Bow-wowker :

"One day when I was about ten years old I was lunching with my uncle. His efforts to remove the leg of a grilled hedge-sparrow culminating in the sublaxation of the whole beast into my lap set my whole brain agog. In a flash I realized the great possibilities in joint manipulation. I left his house enveloped in great thoughts and gravy. I would enter one of the great professions and become an osteopath, a carver at Pims', or at the worst a qualified medical practitioner. With my brilliant career I will not bore you, but such is my fame that cabinet ministers and archbishops would heap more degrees upon me, while last night in between the courses of my dinner I reduced a dislocated haunch bone under alcohol (anæsthetic), and started a course of lucrative treatment for displacement of one of the small bones of the shoulder-joint, the latter case being a well-known duke's third wife. I mention all this as an example of how lofty ideals stimulated in youth may lead not only to success but to notoriety."

H. B.-W.

THE DOCTOR'S CERTIFICATE.

DEPUTY (to hewer, who has handed in a doctor's note) :
"What's been the mettor wi' ye, Geordie?"

GEORDIE : "It tells ye on that note, dissen't it?"

DEPUTY : "Thor's nowt but a stroke on it."

GEORDIE : "Aw wey, it must have been a 'stroke' Aa hed."

BART'S AND THE BEGGAR'S OPERA.

THE "Beggar's Opera" is probably familiar to most people in these days of excellent revivals, but in one respect it will, perhaps, be of special interest to readers of this JOURNAL, namely that almost the whole of the action of "The Beggar's Opera" takes place within a stone's throw of the gates of this Hospital—in fact, on the site now occupied by the Old Bailey, and formerly the site of Newgate Prison.

Indeed, these are historic paths to tread! If we could place an ear to the ground and catch, perhaps, the last faint echo of these old associations, coming dimly across two centuries of time, what should we hear? Perhaps the drunken chorus of the prisoners in Newgate; or the rumbling of the fatal cart, as it carried some poor wretch to his dismal end on Tyburn Tree. Perhaps we should hear the clattering hoofs of Macheath's horse, or the steady tramp of his gang of disreputable stalwarts as they marched out to ply their nefarious trade; or the sound of their stirring battle-song:

"... See the Ball I hold!
Let the Chymists toil like Asses,
Our Fire their Fire Surpasses,
And turns all our Lead to Gold."

For, in "The Beggar's Opera," Gay portrays faithfully, if a trifle embitteredly, the conditions of his time. Even his characters are not entirely fictitious, but have their prototypes in actual living persons. Thus, Macheath is identified with an actual notorious highwayman of the day; Peachum is easily recognizable as the ill-famed Jonathan Swift, a notorious receiver of stolen goods who was later hanged at Tyburn; while Jenny Diver was the real name of a dangerous "confidence trickster" of the period.

It seems, then, impossible that Bart.'s, existing in such close proximity to Newgate, could have failed to enter very considerably into the life of that institution. The latter in the early eighteenth century was a hotbed of crime, corruption and disease. Broils were of frequent occurrence among the prisoners, entailing of necessity many casualties, while "gaol fever" and other epidemics were constantly raging. It is recorded in Sir Norman Moore's *History of St. Bartholomew's Hospital* that on January 5th, 1758, "A committee considered the subject of visiting prisoners in Newgate. The physicians attended and said that the visiting of sick persons there cannot be attended with much success or benefit in the present state of the gaol, as on attending there, they have found such prisoners entirely destitute of clothes, bedding, and all sorts of conveniences necessary for the sick." It is also recorded in the same work that as long ago as 1596 the Hospital was in the habit

of sending an official Visitor to Newgate to inspect the prisoners. It is stated that on March 13th, 1596, "David Doo was reported for unkindness towards the poor prisoners of Newgate. He was dismissed and William Tompson was appointed Visitor of Newgate in his place."

Newgate, in "The Beggar's Opera" era, was indeed a black spot on the face of London. Its exterior was black and forbidding. It is interesting to note that it was built by George Dance, who was also the architect of St. Bartholomew's Hospital. In the journals of the meetings of the Governors occurs the passage: "The outward walls of his gaol must have impressed many of those passing with feelings of horror and terror, fitly associated with crimes and their punishment." Owing to its nature Newgate became the Mecca of thieves, rogues and beggars of every description, who traded illicitly with the prisoners, and provided them with drink and other commodities which, owing to their confinement, they were unable to obtain. Naturally these rascals and beggars overflowed into surrounding parts, and became a menace to the populace; and the streets were made hideous with their raucous cries. They even invaded the Hospital precincts, which became, according to Sir D'Arcy Power's *History of St. Bartholomew's Hospital*, "the resort of idle and disorderly persons, beggars and others, crying and selling all manner of commodities, very improper for the patients, in and about the staircase and wards of the second and third piles of buildings, to the great discredit of the good government of the house."

"The Beggar's Opera" is of further interest, however, in that it contains many amusing medical references. At the beginning of the Tavern scene, the following dialogue occurs between two members of the gang:

BEN: "But pr'ythee, Matt, what is become of thy brother Tom?"

MATT: "Poor Brother Tom had an accident this time twelvemonth, and so clever a made fellow he was, that I could not save him from those fleaing Rascals the Surgeons; and now, poor man, he is among the Otamys at Surgeons Hall."

Many have been the excuses offered for tippling. Some drink to keep the "flu" away, others to cure insomnia. Here is something fresh:

JENNY DIVER: "Indeed, Sir, I never drink Strong Waters but when I have the Cholic." To which Macheath neatly retorts, "Why, a Lady of Quality is never without the Cholic."

We next meet Macheath in straitened circumstances in a cell in Newgate, having been betrayed by his numerous fair admirers. He leans his head heavily in his hands and sings:

"Man may escape from Rope and Gun;
Nay, some have outlived the Doctor's Pill;
Who takes a woman must be undone . . ."

Apparently Gay regarded the pill as a lethal weapon of the very first magnitude!

This final quotation shows that surgical practice in those days, as in these, had its little compensations. The speaker is a receiver of stolen goods, one Mrs. Trapes: "Then too, allowing for Accidents—I have eleven fine Customers now down under the Surgeon's Hands—what with Fees and other Expenses, there are great Goings-out, and no Comings-in, and not a Farthing to pay for at least a Month's Clothing . . ."

I. L.

A "DYSPEPSIA'S" LIFE.

(Adapted from a well-known song.)



WHEN the enterprising surgeon's not a-surgin',
Or physician contemplating deeds of crime,
They love to think of drastic ways of purging,

Or of estimating stomach-emptying time.

Though his yells of consternation he may smother

When the clerk palpates his kidneys just for fun,

Taking one examination with another

A "dyspepsia's" life is not a happy one.

Though the path. clerk's for the moment in abeyance,

He will soon arrive to take his drop of blood;

And the dentist too is bound to have his *séance*,

But why, it's never clearly understood.

Now vaccine treatment's really not a bother

When once the first injections have begun,

But taking one new form of treatment with another

A "dyspepsia's" life is not a happy one.

Though the night nurse doesn't get much honorarium,

She hurries long before the break of day

To prepare him for his meal of bread and barium

When he faces the ordeal of the X ray.

Though the blue belt come to love him as a brother,

Or the sister as a long-forgotten son,

Taking one consideration with another

A "dyspepsia's" life is not a happy one.

D. McL. J.



Back Row: H. E. HOUTON, C. K. LAKSHMANAN, J. R. BEAGLEY, B. B. HOSFORD, M. R. SINCLAIR, J. W. D. BUTTERY, W. W. DARLEY (*Ass. Hon. Sec.*), H. N. WALKER, P. R. VIVIERS, A. CLARK.
 Front Row: W. S. HINTON (*Hon. Sec.*), PROF. G. E. GASK, C.M.G., D.S.O., F.R.C.S. (*Vice-President*), DR. H. MORLEY FLETCHER, M.D., F.R.C.P. (*President*), SIR C. GORDON WATSON, F.R.C.S., H. B. STALLARD (*Capt.*), T. R. GRIFFITHS.

THE ATHLETIC CLUB.

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STUDENTS' UNION.

CRICKET CLUB.

THE Cricket Club continued to have a successful season, and though some of the matches have been lost, this has usually been due to inability to place strong teams in the field on these occasions.

Congratulations to our captain, R. H. Bettington, on playing for the Gentlemen v. Players at the Oval and at Lord's.

A most thrilling match was played against Guy's Hospital in the final of the "Cup" on July 20th and 21st. Guy's won the toss and batted first. They started well, scoring 70 for 3 wickets. The remaining batsmen were only able to bring the total up to 117, Bettington taking 6 wickets and Maley 4. Bart's reply to this was only 107, of which Woods-Brown made 32 and Bettington 28. Guy's started off well again in the second innings, being 63 before the second wicket fell. The remaining batsmen did poorly against Bettington, who took 7 for 43, and the total reached 119. Bart's started off fairly well and when play stopped on the first day needed 87 runs to win with 7 wickets to fall. On the following day, rain having fallen overnight, the start was delayed until after lunch. At first the bowlers had difficulty in obtaining a foothold, and runs came steadily though very slowly. As the sun got on the wicket the latter became more difficult. Mackie batted very well and carefully for 28, staying in for 2 hours. The score was 116 with 6 wickets down when Van Schalkwijk performed the hat-trick. When Fells went in, the last man to bat, 14 runs were required to win. 13 of these were obtained when Guinness was out to a splendid catch by Garland at second slip, and the match ended amid tremendous excitement as a tie. Van Schalkwijk bowled well in the second innings, talking 8 wickets for 49 runs.

RESULTS.

June 24th: R.A.F. (Uxbridge) 214 for 7 (dec.) (Meeser 7 for 70). Bart's 80 for 6 (Mackie 28). Match drawn.

June 25th: Bart's 54 and 100 for 4 (Bettington 59). St. Alban's 288 for 6 (Bettington 3 for 123, Hodgkinson 3 for 55).

June 27th: Bart's 235 for 9 (dec.) (Gaisford 109, Mackie 49). Hornsey 112 (Cook 6 for 52).

July 1st: Bart's 225 (Fells not out 42, King 33, Cook 61). Nomads 171 (Maley 5 for 52).

July 4th: Finchley 207 for 7. Bart's 175 for 6 (Woods-Brown 60, Cook 42).

July 11th: Bart's 316 for 6 (Maley 103, Woods-Brown 88). "H" Div. Metropolitan Police 158 (Cook 5 for 40).

July 18th: Bart's 255 (Mackie 60, Maley 56). Hampstead 161 (Bettington 5 for 67).

July 20th and 21st:

GUY'S HOSPITAL.

1st Innings.				2nd Innings.			
E. J. Pye-Smith, b Bettington	9	b Bettington	14	b Bettington	14		
T. C. Garland, b Maley	32	b Maley	29	b Maley	29		
L. Catchpole, b Maley	19	c Mackie, b Maley	14	c Mackie, b Maley	14		
L. S. Williams, b Maley	12	run out	13	run out	13		
A. H. Curtis, b Maley	2	c Hodgkinson, b Bettington	1	c Hodgkinson, b Bettington	1		
G. Fellows-Smith, b Bettington	6	lbw, b Bettington	20	lbw, b Bettington	20		
J. G. van Schalywijk, b Bettington	7	c Fells, b Bettington	4	c Fells, b Bettington	4		
V. Preen, st Guinness, b Bettington	13	b Bettington	1	b Bettington	1		
G. F. Clark, not out	14	b Bettington	2	b Bettington	2		
W. H. North, c Woods-Brown, b Bettington	0	not out	5	not out	5		
J. White c & b Bettington	0	b Bettington	1	b Bettington	1		
Extras	3	Extras	15	Extras	15		
Total	117	Total	119	Total	119		

BOWLING.

1st Innings.				2nd Innings.			
O.	M.	W.	R.	O.	M.	W.	R.
Maley	14	1	4	52	13	0	2
Bettington	16	2	6	44	12.2	3	7
Cook	3	0	0	18	—	—	—

ST. BARTHOLOMEW'S HOSPITAL.

1st Innings.				2nd Innings.			
G. C. Woods-Brown, c Preen, b White	32	c Fellows-Smith, b Van Schalkwijk	14	c Fellows-Smith, b Van Schalkwijk	14		
N. E. Cook, c Catchpole, b Van Schalkwijk	0	c Pye-Smith, b Van Schalkwijk	13	c Pye-Smith, b Van Schalkwijk	13		
K. W. Mackie, c Van Schalkwijk, b Garland	6	c Garland, b Van Schalkwijk	28	c Garland, b Van Schalkwijk	28		
R. H. Bettington, c Clark, b Van Schalkwijk	28	b White	3	b White	3		
M. R. Sinclair, c Pye-Smith, b Van Schalkwijk	1	c Pye-Smith, b Van Schalkwijk	22	c Pye-Smith, b Van Schalkwijk	22		
W. F. Gaisford c & b White	10	c Fellows-Smith, b Clark	17	c Fellows-Smith, b Clark	17		
M. L. Maley, c Van Schalkwijk, b White	1	c North, b Van Schalkwijk	17	c North, b Van Schalkwijk	17		
H. W. Guinness, b North	5	c Garland, b Van Schalkwijk	5	c Garland, b Van Schalkwijk	5		
H. L. Hodgkinson, b North	4	c White, b Van Schalkwijk	0	c White, b Van Schalkwijk	0		
N. A. King, b Van Schalkwijk	5	c Garland, b Van Schalkwijk	0	c Garland, b Van Schalkwijk	0		
R. R. Fells, not out	10	not out	8	not out	8		
Extras	5	Extras	2	Extras	2		
Total	107	Total	129	Total	129		

BOWLING.

1st Innings.				2nd Innings.			
O.	M.	W.	R.	O.	M.	W.	R.
Van Schalkwijk	17	2	4	52	25.4	5	8
T. Garland	5	1	1	0	3	1	0
J. White	15	2	3	37	21	3	1
W. H. North	5	2	2	6	1	1	0
G. T. Clark	—	—	—	—	5	1	1

CORRESPONDENCE.

ADDITION TO LIBRARY.

To the Editor, 'St. Bartholomew's Hospital Journal.'

There has recently been presented to the Library by the widow of Dr. F. V. Elkington, of Leamington, a folio copy of Remmelin's *Cotoptrum Microcosmicum*, published at Ulmæ Suevorum by Johannis Görlini in 1639. The book lacks covers, but is otherwise in fairly good condition. It contains 28 pages and 3 superimposed plates engraved by Stephan Michelspacher. The ornamental title-page was designed by Philip Heinhofer.

The book is interesting in that it was one of the earliest anatomical atlases with superimposed pictures, although the idea was suggested by Vesalius, and was utilized in one or two books before 1613, when the earliest edition of Remmelin's *Cotoptrum* was published. In the Surgeon-General's Library at Washington there is a copy of the *Cotoptrum* with 2 plates published in 1619, another written in German with 3 plates, published in 1639, and another with 3 plates published in 1660.

Johann Remmelin was born in 1583.

A. H. COUGHTREY.

EPSOM COLLEGE.

To the Editor, 'St. Bartholomew's Hospital Journal.'

DEAR SIR,—You were recently good enough to publish an appeal from us to your readers to support the candidature of the son of an old Bart's man for a Foundation Scholarship. We are pleased to report that this boy was fourth on the list of successful candidates, and we wish to thank all those who generously gave us their support.

Yours faithfully,

GEO. E. GASK,

GEOFFREY EVANS,

Hon. Local Secretaries.

July 6th, 1925.

DEAR SIR,—Will you kindly let me know whether an operation will put me right.

The lower part of my chest including the floating ribs have pushed themselves, forward making my appearance ungainly so that I am ashamed to go out. I have been like it since I was 17 yrs, now 31. I put it down to a strain.

Your faithfully, ———



[Once again our proverbial honesty compels us to admit that this letter was not sent to us, but to the R.M.O. of another London hospital.]

REVIEWS.

BUCHANAN'S MANUAL OF ANATOMY. Edited by E. BARCLAY-SMITH, M.D., J. E. FRAZER, F.R.C.S., F. G. PARSONS, F.R.C.S., and W. WRIGHT, F.R.C.S. 5th Edition. (London: Baillière, Tindall & Cox, 1925.) Pp. vii and 1702, with 810 figures. Price 35s. net.

It is with pleasure that we note a new edition of this, which may be called the Text-book of the London School of Anatomists. It is not meant to be a treatise upon the subject, but has been written for the use of the student during the course of his dissections as an amplification of the knowledge to be obtained from the dissecting-room manuals, and is therefore arranged on a regional basis. It contains more than enough to get a man through any of the ordinary medical examinations in anatomy, and has as well a pleasant "atmosphere." The word "skeleton" it tells us comes from the Greek and means *dry*, and it is true that most text-books succeed in making the whole of anatomy excessively "dry." They seem to have become ultra-scientific, and have forgotten that the medical student is a human being who learns best if he is at the same time amused—a fact that was certainly realized by such teachers of the past as Luther Holden.

Again, it is very unfortunate that the teaching of anatomy should still remain under the curse of a dual nomenclature. Officially students are told to learn both sets of names; they are taught in the old terminology, and the result is that men are sometimes found using out-of-date books of as many as 35 years of age. It is therefore no doubt to the advantage both of the publishers and to the teaching of anatomy that the book at present under review retains the old nomenclature. Nevertheless we feel that the Basle nomenclature has got to come, although possibly in some anglicized form; and no doubt this change will have to come by a process of evolution, as was suggested by a writer in the *Lancet*, vol. 1, 1923. We are therefore sorry to find that the editors of Buchanan have not taken such a simple step in this direction by the use of the terms "medial" and "lateral," instead of the obviously unsuitable "internal" and "external." They might also have dispensed with a large number of the eponymous terms which they keep. We have no use for the

"Schneiderian membrane," "Whitnall's tubercle," the "ligaments of Humphrey and Wrisberg," and many another. Nevertheless we should hate to lose sight of the canal of Hunter and the tubes of Fallopius and Eustace. We think that the editors would, in the next edition, do well to include in their admirable Glossary at the end of the book a brief note about each of the more popular Fathers of Anatomy.

In the introduction to the section on osteology there is this statement: "The anatomist's sense is a study of three dimensions, and will never be gained from looking at pictures, however beautifully drawn; instead the paradox is not without a good deal of truth, that the better illustrated a text-book of anatomy is, the less likely is it to produce a good anatomist, since the temptation to use the clean picture instead of the possibly unattractive 'part' is so great." On this score we think that the editors of Buchanan are much to be congratulated in the new illustrations of regional anatomy which they have given us. They are a model of what such pictures should be. By their attainment of simplicity and definiteness with the avoidance of unnecessary line, they remind us in principle of the work of that great artist in another field, the late Phil May. We hope that in future editions the rest of the old cramped and complicated pictures will be removed, and that there will be an improvement in the "finish" of the embryological diagrams, the lettering of which is often of rather clumsily arranged typewriter script.

There are very few mistakes in the book, although a rather revolutionary account is given of the boundaries of Scarpa's triangle, which is a quibble, and introduces an unnecessary complication (the inner boundary is given, with various reasons appended, as the "outer" border of the adductor longus muscle.)

To end this rather rambling review, we have no hesitation in wholeheartedly recommending the fifth edition of Buchanan to London students, and in wishing it every success. N. L. C.

SLIT-LAMP MICROSCOPY OF THE LIVING EYE. By Dr. F. ED. KOPY. Translated by CHARLES GOULDEN, O.B.E., F.R.C.S.(Eng.), and CLARA LOMAS HARRIS, M.B. (London: J. & A. Churchill, 1925.) Pp. xiv and 221. Price 10s. 6d.

Professor Vogt elaborated a new method of examining some of the anterior parts of the globe, and his atlas is well known to most ophthalmologists. Many previously undiscovered phenomena had to be dealt with, and new German words had to be coined to meet the occasion. The exact shades of meaning of such words were unknown to those who had not had the opportunity of working with the Professor. Kopy suffered from no such disability, since he had been the Professor's assistant for some time and his translation into French is almost comparable to the "Rosetta Stone."

Now Kopy himself has written a book on the subject, naturally in French. He covers the whole ground so well that anyone interested in this branch of ophthalmology had to know what Kopy had said. But some find English so much easier than French that this translation has appeared. If a translation is to be any good, not only must the translator know the language, but he must know the subject-matter, else nuances in the original text are lost on him, and the book he is writing fails to interpret the author's meaning. Neither of these disabilities exist in the case of these translators, and the book under review appears faithfully to interpret Kopy's views, and everyone possessing a slit-lamp should have a copy of it in his library.

The book is well printed and well bound—a further reason for buying the English rather than the French edition.

TUBERCULOSIS. By JOHN LAIRD.

It is difficult to decide for whom Dr. Laird intended his book. The first part of the book consists of a very strong advocacy for the use of calcium salts in the treatment of tuberculosis, but the evidence he produces for their value is, however, very sketchy, and will not bear critical analysis. The remainder of the book consists of short articles, some of which are apparently intended for the laity and some of which are intended for the medical profession. He is extremely enthusiastic about forms of treatment which have, in the hands of other observers, produced little or no good results. The book appears to be written in a very unbalanced way, and it is to be feared that its perusal will be apt to leave the students with an incorrect idea of the value of the different methods of treatment.

THE FIRST FIVE THOUSAND. By DR. MARIE STOPES. (London: John Bale, Sons & Danielsson.) Pp. 66.

This little book is the first report of the first birth-control Clinic in the British Empire.

In the introduction, which explains how the Clinic came into being, the writer says: "Only motherhood which is in the control of the mother can now truly advance our race." She states that in addition to the impulse to help the poor, the Clinic had three main intellectual ideals: To see if it was true that the working classes were hostile to the birth-control idea, to obtain first-hand facts about the practical aspect of contraception, and to collect and record facts about the utilization of contraceptive methods by the poor and data about the co-ordinated details of the sex life of women.

Of the first 5000 cases only 54 were unmarried, and the rule now is that only women who have borne at least one child are given the Clinic's fullest help.

Illuminating statistics are quoted showing the rapid rise in death-rate with increase of pregnancy rate.

There is a description of the methods generally recommended, and an analysis of the methods tried before coming to the Clinic.

In the analysis of failures, the Clinic found that in almost every case the cervix was abnormal or that the patient had failed accurately to carry out instructions.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

- ADAMS, JOHN, F.R.C.S. *Ante-Natal and Post-Natal Syphilis*. London: John Murray, 1925.
- ADAMSON, H. G., M.D. "Lichen Obtusus." *Proceedings of the Royal Society of Medicine*, July, 1925.
- ATILEE, W., M.D., B.Ch., M.R.C.P. "Diseases of Adolescence in Boys." *Practitioner*, July, 1925.
- BATTEN, RAYNER D., M.D. "The Eye, from Infancy to Old Age." *Ibid.*, July, 1925.
- BROCKMAN, R. STLEGER, M.A., M.Ch., F.R.C.S. "The Complications of Gallstones." *Clinical Journal*, May 27th, 1925.
- BURRA, L. T., M.D. "A Case of Recurrent Pneumothorax." *Lancet*, June 6th, 1925.
- CHANDLER, F. G., M.A., M.D., M.R.C.P. "Skin Tests: Asthma and Idiosyncrasy." *Ibid.*, June 6th, 1925.
- (and PRESTON, T. W., M.R.C.S., L.R.C.P.). "Pulmonary Tuberculosis in Childhood." *British Journal of Children's Diseases*, January-March, 1925.
- DUNDAS-GRANT, SIR JAMES, K.B.E., M.D. "The Relief of Catarrhal Deafness." *Practitioner*, June, 1925.
- ELGOOD, C., B.M.(Oxon.). "Rectal Injection of Ether in Whooping-Cough." *British Medical Journal*, May 23rd, 1925.
- GASK, GEORGE E., C.M.G., D.S.O., F.R.C.S. "Remarks on the Possibilities of Exploratory Thoracotomy." *Ibid.*, February 21st, 1925.
- GAUVAIN, SIR HENRY J., M.A., M.D., M.C. "Organization and Work of a Light Department in a Hospital for Surgical Tuberculosis." *Lancet*, July 4th, 1925.
- GRAHAM, GEORGE, M.D. "The Treatment of Diabetes Mellitus in Young Children." *Clinical Journal*, July 8th, 1925.
- HAMMOND, T. E., F.R.C.S. "The Diagnosis of Hæmaturia." *Ibid.*, June 24th, 1925.
- HEY GROVES, ERNEST W., B.Sc., M.D., M.S., F.R.C.S. "The Treatment of Infantile Paralysis: With a Plea for the Re-organization of our Hospital System." *British Medical Journal*, March 14th, 1925.
- *A Synopsis of Surgery*, 7th edition. Bristol: John Wright & Sons, 1925.
- (and the late J. M. FORTESCUE-BRICKDALE, M.D.). *Text-book for Nurses: Anatomy, Physiology, Surgery and Medicine*. London: Oxford University Press, 1925.
- HORDER, SIR THOMAS, Bart., M.D., F.R.C.P. "Diseases of Adult Life." *Practitioner*, July, 1925.
- HUDSON, BERNARD, M.D., M.R.C.P. "Treatment of Effusions in Artificial Pneumothorax." *British Medical Journal*, June 20th, 1925.
- JOHNSTON, J. H., M.Sc., F.I.C. "Sanitation and Water Purification." *Reports of the Progress of Applied Chemistry*, vol. ix, 1924.

LANE-ROBERTS, C. S., M.S., F.R.C.S. "Constipation and Pregnancy." *Practitioner*, June, 1925.

MURRAY, E. G. D., O.B.E. (and AYTON, R.). "Observations on the Growth of Meningococci *in vitro* in Relation to Virulence." *Journal Royal Army Medical Corps*, July, 1925.

MYERS, BERNARD, C.M.G., M.D., "Male Twins, one of which is a Mongol." *Proceedings of the Royal Society of Medicine*, July, 1925.

— "Case of Chorea." *Ibid.*, July, 1926.

— "Absence of Anus: Rectum opening into Posterior Vaginal Wall." *Ibid.*, July, 1925.

NANKIVELL, A. T., M.D., D.P.H. (and KETTLEWELL, G. D., M.R.C.S., L.R.C.P.). "An Outbreak of 308 Cases of Food Poisoning at Greenbank Infirmary and Workhouse, Plymouth." *Medical Officer*, June 6th, 1925.

NAPIER, L. EVERARD, M.R.C.S., L.R.C.P. "A Comparative Study of the Environment Associated with Kala-Azar Prevalence in Calcutta." *Indian Journal Medical Research*, April, 1925.

— (R. B. LLOYD, L.E.N., and R. O. A. SMITH). "The 'Blood Meal' of *Phlebotomus argentipes* identified by Precipitation Antisera." *Ibid.*, April, 1925.

NIXON, J. A., C.M.G., M.D., F.R.C.P. "Focal Sepsis as a Factor in the Causation of Neurasthenia and Insanity." *British Medical Journal*, July 4th, 1925.

ROCHE, ALEX E., M.A., M.B., M.Ch., F.R.C.S. "Shoulder Pain in Ruptured Ectopic Gestation." *Clinical Journal*, June 3rd, 1925.

ROLLESTON, SIR HUMPHRY, Bart., K.C.B., M.D., Hon. D.Sc.(Oxon.), D.C.L., LL.D., P.R.C.P. "Diseases of Old Age." *Practitioner*, July, 1925.

— "Some Medical Aspects of Holidays." *British Medical Journal*, July 18th, 1925.

ROXBURGH, A. C., M.D. "Schamberg's Disease, or Angioma Serpiginosum." *Proceedings of the Royal Society of Medicine*, July, 1925.

RYLAND, ARCHER, F.R.C.S. "Natural Cure similar in Result to that following a Radical Mastoid Operation. Cavity Completely Dry and Epithelialized." *Ibid.*, July, 1925.

SHAW, WILFRED, M.B., B.Ch.(Cantab.), F.R.C.S. "The Relation of Ovarian Function to Menstruation." *Journal of Physiology*, vol. lx, No. 3, July 14th, 1925.

VERRALL, P. JENNER, F.R.C.S. "Bow Legs and Knock-Knee in Young Children." *Clinical Journal*, July 8th, 1925.

WEBER, F. PARKES, M.D. "Two Diseases due to Fashion in Clothing: Chlorosis and Chronic Erythema of the Legs." *British Medical Journal*, May 23rd, 1925.

— "A Case of Thrombo-Angiitis Obliterans of Twenty-two Years' Duration." *Lancet*, July 4th, 1925.

— "Case of Polycythæmia Hypertonica." *Proceedings of the Royal Society of Medicine*, July, 1925.

WHALE, H. LAWSON, M.D., F.R.C.S. "Otitic Intracranial Infection." *British Medical Journal*, May 16th, 1925.

WILLOUGHBY, W. M., M.D. "Port of London Sanitary Authority. The New Motor Launch." *Lancet*, June 27th, 1925.

YATES, A. LOWNDES, M.D., F.R.C.S.(Edin.) (and BARNES, STANLEY, M.D., D.Sc., F.R.C.P.). "The Nasal Sinuses as a Route of Infection in Encephalitis Lethargica." *Ibid.*, July 18th, 1925.

EXAMINATIONS, ETC.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:
M.B., B.Chir.—F. C. Cozens, F. A. H. Simmonds.

First Examination for Medical Degrees, June, 1925.

Part I. Chemistry.—F. R. T. Hancock.

Second Examination for Medical Degrees, June, 1925.

Part II. Human Anatomy and Physiology.—J. B. A. Reynolds.

Third Examination for Medical and Surgical Degrees.

Part I. Surgery, Midwifery and Gynaecology.—W. A. Barnes, J. W. D. Buttery, R. T. Chadwick, J. E. Church, J. H. T. Davies, C. A. Francis, J. H. Hannan, J. C. Hogg, E. F. Molony, L. V. Pearson, K. G. Salmon, D. G. Shields, H. B. Stallard, R. S. Tooth.

Part II. Principles and Practice of Physic, Pathology and Pharmacology.—W. A. Bourne, H. F. Brewer, C. H. C. Dalton, J. H. T. Davies, P. O. Davies, G. S. W. Evans, J. Holmes, G. L. F. Rowell, J. R. Smith, H. A. Ware.

UNIVERSITY OF LONDON.

Second Examination for Medical Degrees, July, 1925.

Part II. Anatomy, Physiology and Pharmacology.—J. H. Attwood, S. W. Barber, C. H. Dale, T. G. Davies, A. P. Gaston, W. L. Huin, W. A. Hutton, D. C. R. R. Jenkins, S. McGladdery, K. W. Mackie, J. Miller, W. T. Mills, P. M. Oxley, D. Preiskel, R. W. Raven, E. ap I. Rosser, C. J. Sanderson, C. G. Sinclair, E. J. J. Smith, K. G. Sugden.

M.D. Examination, July, 1925.

Branch I. Medicine.—E. Gallop, C. F. Harris, W. E. Lloyd (University Medal), R. H. Wade.

M.S. Examination, July, 1925.

Branch I. Surgery.—J. P. Hosford (University Medal).

B.Sc. Examination.

Honours: Physiology.—(Second Class) D. Stanley Jones; (Third Class) S. Behrman.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following have passed the Primary Examination for the Diploma of Fellow:

W. J. H. M. Beattie, B.A.(Cantab.), B. L. Jeaffreson, M.D., B.S.(Lond.).

CHANGES OF ADDRESS.

ATKINSON, E. MILES, 29, Welbeck Street, W. 1. (Tel. Langham 2063.)
 BOYLE, H. E. G., 36, Montagu Mansions, Portman Square, W. 1. (Tel. Mayfair 5784.)
 DONELAN, C. J., The Hermitage Sanatorium, Whitwell, Ventnor, I.-o.-W.
 DU PRÉ, W. H., Warthen, near Shrewsbury.
 GERARD-PEARSE, J. E., Somerset House, Greenhill, Weymouth. (Tel. 190.)
 HAYES, A. H., Kilberry, Claygate, Surrey.
 HEWER, J. LANGTON, 64, Finchley Road, N.W. 8. (Tel. Hamp. 4561.)
 MCCURRICH, H. J., 9A, Palmeira Avenue, Hove, Sussex. (Tel. Hove 6688.)
 MILLER, T. M., 18, Grosvenor Road, Tunbridge Wells. (Tel. Tunb. Wells 1481.)
 MILNER, S. W., Wells, Norfolk.
 MILSOM, E. G. D., 87, Eccleston Square, S.W. 1.
 PALMER, C. SPENCER, 4, Gwydyr Mansions, Hove, Sussex.
 SIMMONDS, F. A. H., 36, Onslow Gardens, Muswell Hill, N. 10.
 WOOD, J. H., Thornton Cottage, Aysgarth, North Yorkshire.

APPOINTMENTS.

ANDERSON, H. G., M.B., B.S.(Lond.), appointed Clinical Assistant, East London Hospital for Children, Shadwell.
 ATKINSON, E. MILES, M.B., B.S.(Lond.), F.R.C.S., appointed Assistant Surgeon to the Ear, Nose and Throat Department of the Prince of Wales's Hospital, Tottenham.
 CLEGG, H. A., B.A., M.R.C.S., L.R.C.P., appointed House Physician, Brompton Hospital for Consumption, Fulham Road.
 DONELAN, C. J., M.R.C.S., L.R.C.P., appointed Resident Medical Officer, The Hermitage Sanatorium, Ventnor.
 DOTTRIDGE, C. A., M.D.(Camb.), D.P.H., appointed Certifying Surgeon under the Factory and Workshops Act for the Lyndhurst District of the County of Hampshire.
 ELGOOD, C., M.B., B.Ch.(Oxon.), appointed House Physician, West London Hospital.
 MOLONY, E. F., M.R.C.S., L.R.C.P., appointed House Surgeon, Addenbrooke's Hospital, Cambridge.
 OGDEN, W., M.R.C.S., L.R.C.P., appointed House Physician at the Hull Royal Infirmary, Hull.
 PRESS, B., M.R.C.S., L.R.C.P., appointed House Surgeon at the Wrexham Infirmary, Denbighshire.
 WILSON, A. CYRIL, M.R.C.S., L.R.C.P., appointed Clinical Psychologist (unpaid) to the West End Hospital for Nervous Diseases, Welbeck Street.

BIRTHS.

ANDREWS.—On July 19th, at 152, Harley Street, W. 1, to Helen, wife of J. Alban Andrews, M.C., F.R.C.S.—a daughter.
 BATTERHAM.—On July 5th, at the Military Families Hospital, Cologne, to Thelma, wife of Captain D. J. Batterham, F.R.C.S., R.A.M.C.—a son.
 CHAPMAN.—On July 23rd, at Wingmore Lodge, Wokingham, Berks, to Dr. and Mrs. E. F. Chapman—a daughter.
 RIVETT.—On July 12th, at a nursing home, to Mary, wife of Louis Carnac Rivett, of 118, Harley Street, and 3, Hanover Terrace—a daughter.
 ROSS.—On July 22nd, at 32, Loudoun Road, N.W. 8, Marjorie, the wife of J. Paterson Ross, M.B., F.R.C.S., of a son.
 SMITH.—At "Stone Field" Maternity Nursing Home, Kidbrook Grove, Blackheath, on July 15th, to Molly (*née* Terraine), wife of Dr. Norman F. Smith (Khartoum), the gift of a daughter.
 VICK.—On July 18th, at St. Clere's Hall, Danbury, Essex, to Reginald and Mary Vick—a daughter.

MARRIAGES.

CLAXTON—ERVINE.—On June 30th, at St. Saviour's Church, Denmark Hill, S.E. 5, by the Rev. Canon Hay Aitken, M.A., Dr. Ernest Claxton to Muriel, daughter of Mr. and Mrs. W. J. Ervine, of Denmark Hill.
 COLLYNS—PRESTON.—On June 30th, at Edgbaston Parish Church, by the Rev. Canon Blofeld, Vicar, Percival Charles, younger son of Dr. R. J. Collins, of Dulverton, Somerset, to Rachel Caroline, daughter of Henry W. Preston, of Oakleigh, Alderley Edge, Cheshire.
 LINDER—MARSHALL.—On July 23rd, by the Vicar at the Parish Church, Rickmansworth, Dr. Geoffrey Challen Linder, only son of Mr. and Mrs. William Linder, to Ruby Esther, daughter of Mr. James and the late Mrs. Marshall, of Dubois, Pennsylvania, U.S.A.
 MAWER—JONES.—On July 18th, at Holy Trinity Church, Brompton, by the Rev. Prebendary Gough, assisted by the Rev. Harold Godefroy, uncle of the bride, Percy Uvedale Mawer, younger son of the late Mr. Mawer and of Mrs. Mawer, Folkestone, to Phyllis Florence Jones, younger daughter of Mr. and Mrs. Arthur H. Jones, Friary Hill, Weybridge.
 PULFORD—THOMAS.—On June 20th, at the Presbyterian Church, Roath Park, Cardiff, Herbert Pulford, M.A., M.B., B.C.(Cantab.), L.D.S.(Eng.), to Gertrude Thomas, of Cardiff.

DEATHS.

DALBY.—On June 23rd, 1925, at Brighton, John Lyttleton Dalby, M.R.C.S., L.R.C.P., only son of the late Major Dalby, of Ealing, aged 55.
 ELKINGTON.—On June 26th, 1925 (suddenly), at Fenny Compton, Warwickshire, Dr. Frederick Victor Elkington, beloved husband of Annie Elkington, aged 61.
 NIGHTINGALE.—On Saturday, June 20th, 1925, at Busketts, Woodlands, near Southampton, after a short illness, Samuel Shore Nightingale, M.R.C.S., L.R.C.P., D.P.H., elder son of the late William Shore Nightingale, of Embley, Hants, and Lea Hurst, Derbyshire, aged 64.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C. 1.

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